Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 22 OMB NO.: 0938-

State: Maryland

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a) (11)(X) and 1902(m) (1) and (3) of the Act

16. Individuals --

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. <u>42-//</u> Supersedes	JUN 05 1992	Effective Date
TN No.		HCFA ID: 7983E

Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992 ATTACHMENT 2.2-A Page 23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47) and 1920 of the Act 17. Pregnant women who are determined by a "qualified provider" (as defined in \$1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with \$1920 of the Act.

TN No. 93-1
Supersedes
TN No. 42-11

Approval Date

SFD 16 136

Effective Date

Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 2.2-A

Page 23a OMB NO.:

	Stat	te/Territory: Maryland
Citation	•	Groups Covered
В.	Optional	Groups Other Than the Medically Needy (Continued)
1906 of the Act	18.	Individuals required to enroll in cost-effective employer-based group healt plans remain eligible for a minimum enrollment period of <u>0</u> months.
1902(a)(10)(F) and 1902(u)(1) of the Act	19.	Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid extenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 93-8
Supercedes
TN No. Approval Date 19 1993
HCFA ID: 7982E

TN No.

Citation			Groups Covered	
>~	В.	Option	Coverage Other Than the Medically Needy (continued)	4
1902(a)(10)(A) (ii)(XIV) of the Act		<u>×</u> 20.	Optional Targeted Low Income Children wi	no:
(II/ALV) OF the Act			are not eligible for Medicaid under mandatory eligibility group or eligi (without spenddown liability);	
			would not be eligible for Medicaid State's Medicaid plan as in effect of than because of the age expansion p § 1902(1)(2)(D));	n April 15, 1997 (other
			are not covered under a group health health insurance (as such terms are Public Health Service Act coverage health insurance program in operations offered by a State which receives no program;	defined in §2791 of the) other than under a on before July 1, 1997
			have family income at or below:	
			200 percent of the Federal poverty linvolved, as revised annually in the	
			A percentage of the Federal poverty excess of the "Medicaid applicable defined in §2110(b)(4) of the Act) to percentage points.	income level" (as
			The State covers:	
			All children described above 19 (18, 19) with family in 185 percent of the Federal	ncome at or below
IN No. <u>99-1</u>		Appro	DEC 2 3 1998 Effective	Date 7/1/98
Supersedes				
IN No				

ATTACHMENT 2.2-A Page 23c

			•		
. 		children d (18, 19) v pe	wing reasonable classifications of escribed above who are under age with family income at or below the reent of the Federal poverty level for the classifications:		
		THE REA AND THE POVERT	RRATIVE DESCRIPTION(S) OF SONABLE CLASSIFICATION(S) E PERCENT OF THE FEDERAL Y LEVEL USED TO ESTABLISH STY FOR EACH CLASSIFICATION.)		
1902(e) (12) of the Act	21.	been determined el of months (no	(not to exceed age 19) who has igible is deemed to be eligible for a total of to exceed 12 months) regardless of tances other than attainment of the ed above.		
1920A of the Act	_22.	Children under age 19 who are determined by a "qualified entity" (as defined in §1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.			
		determination is ma filed on the child's l following the month presumptive eligibil ends on the day that determination of the If an application is r last day of the month determination of pre-	de. If an application for Medicaid is behalf by the last day of the month in which the determination of ity was made, the presumptive period the State agency makes a cligibility based on that application not filed on the child's behalf by the h following the month the esumptive eligibility was made, the ends on that last day.		
TN No. 99-1 Supersedes	Approval Date	C 2 3 1998	Effective Date 7/1/98		
TN No					

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		Maryland	
Agency*	Citation(s)	Gro	oups Covered
	c.	Optional Coverage of th	e Medically Needy
42 CFR	435.301	This plan includes the	medically needy.
			•••
		∠/ Yes. This plan o	overs:
			except for income and/or eligible as categorically needy he Act.
1902(e Act	e) of the	the approved State pends. These women of they were pregnant, postpartum services period, beginning wi	
	1)(10) 1)(I) 2 Act	 Individuals under ag income and/or resour under section 1902(a 	e 18 who, but for ces, would be eligible ()(10)(A)(i) of the Act.

TN NO. 92-11		11 121 0 5 4000	MOA A I
Supersedes TN No.	Approval Date	<u>JUN 05 1992</u>	Effective Date

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	State: _1	Maryland	
Agency*	Citation(s)		Groups Covered
	с.	Optional Coverage of	Medically Needy (Continued)
1902(e the Ac	e)(4) of ct	as medically weed Medicaid on the d is deemed to have Medicaid on the d for one year so l or would remain eligit of the woman's househ	o a woman who is eligible y and is receiving ate of the child's birth. The child applied and been found eligible for ate of birth and remains eligible ong as the woman remains eligible ble if pregnant and the child is a member
42 CFF	R 435.308	5. A Financially described i under the a 21 20 19 18 or stude equiv	eligible individuals who are not n section C.3. above and who are
		eligible in	classifications of financially adividuals under the ages of 21, 20, as specified below:
		assur	viduals for whom public agencies are aing full or partial financial onsibility and who are:
			n foster homes (and are under the age
			n private institutions (and are under he age of).
TN No	12-// es Ap	proval Date JUN 0	5 1992 Effective Date NOV 0 1 1981

HCFA ID: 7983E

Revision:	HCFA-PM-9 AUGUST 199		(BPD)	ATTACHMENT 2.2-A Page 25a
	State:	Maryla	and	OMB NO.: 0938-
Agency*	Citation(s)		Groups Covered
	c	. <u>Optio</u>	nal Cove	rage of Medically Needy (Continued)
			(c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).
			_ (2)	Individuals in adoptions subsidized in full or part by a public agency (who are under the age of).
			_ (3)	Individuals in NFs (who are under the age of). NF services are provided under this plan.
			_ (4)	In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).
			_ (5)	Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
		-	_ (6)	Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.
			# 11 I	V 0.5.1002
TN No. 9		proval	Date	Effective Date
TN No.		•		UCER ID: 7093E

HCFA ID: 7983E

Revision: HCFA-PM-91-4

AUGUST 1991

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ATTACHMENT 2.2-A

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OMB NO.: 0938-

state: Maryland

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

42 CFR 435.310 $\sqrt{\chi}$ 6. Caretaker relatives.

42 CFR 435.320 \overline{X} / 7. Aged individuals. and 435.330

42 CFR 435.322 $/\overline{X}$ 8. Blind individuals. and 435.330

42 CFR 435.324 $\sqrt{X/}$ 9. Disabled individuals. and 435.330

42 CFR 435.326 / 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.

435.340 11. Blind and disabled individuals who:

- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;
- b. Were eligible as medically needy in December 1973 as blind or disabled; and
- c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. 42-11			JUN 05	1992	
Supersedes TN No.	Approval	Date			Eff

ective Date: 0 1 1991

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD) ATTACHMENT 2.2-A October 1991 Page 26a OMB NO.: 0938-State: <u>Maryland</u> Groups Covered Citation(s) C. Optional Coverage of Medically Needy (Continued) 1906 of the 12. Individuals required to enroll in cost effective employer-based group Act health plans remain eligible for a minimum enrollment period of O months.

TN No. <u>93-8</u> Supersedes	Approval	DaAPR 19 1993	Effective Date	OCT	01	1992
TN No.						